FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
FORM LIMITED OFFERING EXEMPTION

| OMB APPI         | ROVAL        |
|------------------|--------------|
| OMB Number:      | 3235-0076    |
| Expires:         | May 31, 2005 |
| Estimated avera  | ige burden   |
| nours nar rasnor | T            |

| SEC USE ONLY  |   |  |  |  |  |
|---------------|---|--|--|--|--|
| Prefix Serial |   |  |  |  |  |
|               | 1 |  |  |  |  |
| DATE RECEIVED |   |  |  |  |  |
| 1             | 1 |  |  |  |  |

| Filing Under (Check box(es) that apply): Rule 504 Rule 505 XX Rule 506 Section 4(6) ULOE  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)  DigiDeal Corporation  Address of Executive Offices  Solon E. Third Avenue, Spokane WA 99212  Address of Principal Business Operations  (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  |  |   |  |  |  |
|--|--|---|--|--|--|
| A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  DigiDeal Corporation  Address of Executive Offices (Number and Street, City, State, Zip Code)  5207 E. Third Avenue, Spokane WA 99212 (509) 747-8887  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization   limited partnership, already formed   other (please specify):   PROCESSED    Month Year  Actual or Estimated Date of Incorporation or Organization:   Add   9 8 Actual   Estimated    Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:   Check   Ch | Name of Offering ( check if this is an amendm      | ent and name has changed, and indicate change.) | 1097925  |  |  |
| A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  DigiDeal Corporation  Address of Executive Offices (Number and Street, City, State, Zip Code)  5207 E. Third Avenue, Spokane WA 99212 (509) 747-8887  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization   limited partnership, already formed   other (please specify):   PROCESSED    Month Year  Actual or Estimated Date of Incorporation or Organization:   Add   9 8 Actual   Estimated    Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:   Check   Ch | Filing Under (Check box(es) that apply): Rul       | e 504 Rule 505 XX Rule 506 Section 4(6)         | ULOE /   |  |  |
| 1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  DigiDeal Corporation  Address of Executive Offices (Number and Street, City, State, Zip Code)  5207 E. Third Avenue, Spokane WA 99212 (509) 747-8887  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization  corporation   limited partnership, already formed   other (please specify):   processed    Month Year  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:   Invention   Inve |  |   | - 1  |  |  |
| 1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  DigiDeal Corporation  Address of Executive Offices (Number and Street, City, State, Zip Code)  5207 E. Third Avenue, Spokane WA 99212 (509) 747-8887  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization  corporation   limited partnership, already formed   other (please specify):   processed    Month Year  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:   Invention   Inve |  |   |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  DigiDeal Corporation  Address of Executive Offices (Number and Street, City, State, Zip Code)  5207 E. Third Avenue, Spokane WA 99212 (509) 747-8887  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization   limited partnership, already formed   other (please specify):    Month   Year   Actual or Estimated Date of Incorporation or Organization:   144   918   Actual   Estimated   Estimated     Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:   |  | A. BASIC IDENTIFICATION DATA                    | ASSE AND RECORD AND STREET WAS AND AND WHOSE AND A |  |  |
| DigiDeal Corporation  Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  5207 E. Third Avenue, Spokane WA 99212 (509) 747-8887  Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization Imited partnership, already formed other (please specify):    Description of Business Organization   Imited partnership, already formed other (please specify):   Description of Business Organization   Imited partnership, to be formed   Description of Incorporation or Organization:   Actual or Estimated Date of Incorporation or Organization:   Actual organization   Actual organi | 1. Enter the information requested about the issue | r   |  |  |  |
| DigiDeal Corporation  Address of Executive Offices (Number and Street, City, State, Zip Code)  5207 E. Third Avenue, Spokane WA 99212 (509) 747-8887  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization  corporation   limited partnership, already formed   other (please specify):    Month   | Name of Issuer ( check if this is an amendment     | and name has changed, and indicate change.)     | 04007973   |  |  |
| Address of Executive Offices  5207 E. Third Avenue, Spokane WA 99212  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Felephone Number (Including Area Code)  (509) 747-8887  Telephone Number (Including Area Code)  (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Imited partnership, to be formed  Month  Year  Actual or Estimated Date of Incorporation or Organization:  Month  Year  Actual or Estimated Date of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State:   | DigiDeal Corporation                               |   | 0400/3/3   |  |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization  Corporation  Imited partnership, already formed other (please specify):  Imited partnership, to be formed  Month Year  Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization:  [Actual or Organization or Organization: [Actual or Organiz | Address of Executive Offices                       | (Number and Street, City, State, Zip Code)      | Telephone Number (Including Area Code)             |  |  |
| Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business  Inventing, designing, engineering, and manufacturing products for the gaming industry.  Type of Business Organization  Corporation  Imited partnership, already formed other (please specify):  Imited partnership, to be formed  Month  Year  Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization:  (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  Telephone Number (Including Area Code)  Today  The Sum of Including Area Code)   | 5207 E. Third Avenue,                              | Spokane WA 99212                                | (509) 747-8887                                     |  |  |
| Inventing, designing, engineering, and manufacturing products for  the gaming industry.  Type of Business Organization   |  |   | Telephone Number (Including Area Code)             |  |  |
| the gaming industry.  Type of Business Organization  corporation business trust  limited partnership, already formed limited partnership, to be formed  Month Year  Actual or Estimated Date of Incorporation or Organization: 14 98 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  | Brief Description of Business                      |   |  |  |  |
| Type of Business Organization    Corporation   |  | engineering, and manufact                       | uring products for                                 |  |  |
| business trust   limited partnership, to be formed   FEB 18 2004    Month Year   Actual or Estimated Date of Incorporation or Organization:   04   9   8   Actual   Estimated    Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FINANCIAL  | Type of Business Organization                      |   | DOCCESSED)   |  |  |
| Month Year  Actual or Estimated Date of Incorporation or Organization: 14 98 X Actual Estimated  THOUSON  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  FINANCIAL  | corporation [ ] limited                            | d partnership, already formed other (p          | lease specify):                                    |  |  |
| Actual or Estimated Date of Incorporation or Organization: 14 98 X Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  FINANCIAL   | business trust Imited                              | •   | J FFB 18 2004                                      |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:   |  |   | , , , ,  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

| A. BASIC IDENTIFICATION DATA  |             |                                 |
|---|-------------|---------------------------------|
| <ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition</li> <li>Each executive officer and director of corporate issuers and of corporate general and mar</li> <li>Each general and managing partner of partnership issuers.</li> </ul> |             | • •                             |
| Check Box(es) that Apply: Promoter XX Beneficial Owner XX Executive Officer   | X Director  | General and/or Managing Partner |
| Sines, Randy D. Full Name (Last name first, if individual)  |             |                                 |
| 5207 E Third Avenue, Spokane WA 99212 Business or Residence Address (Number and Street, City, State, Zip Code)  |             |                                 |
| Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer   | Director    | General and/or Managing Partner |
| Kuhn, Michael J. Full Name (Last name first, if individual) 5207 E. Third Avenue, Spokane WA 99212  |             |                                 |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |             |                                 |
| Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer  Martin, Larry M.  Full Name (Last name first, if individual)   | Director    | General and/or Managing Partner |
| 5207 E. Third Avenue, Spokane WA 99212 Business or Residence Address (Number and Street, City, State, Zip Code)   |             |                                 |
| Check Box(es) that Apply: Promoter Beneficial Owner  Executive Officer  Miller, Donald J.  Full Name (Last name first, if individual)   | ☑ Director  | General and/or Managing Partner |
| 5207 E. Third Avenue, Spokane WA 99212 Business or Residence Address (Number and Street, City, State, Zip Code)   |             |                                 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer  Krise, David A.  | ☑ Director  | General and/or Managing Partner |
| Full Name (Last name first, if individual) 5207 E. Third Avenue, Spokane WA 99212   |             |                                 |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |             |                                 |
| Check Box(es) that Apply: Promoter Beneficial Owner A Executive Officer   | Director    | General and/or Managing Partner |
| Full Name (Last name first, if individual)  |             |                                 |
| 5207 E. Third Avenue, Spokane WA 99212  Business or Residence Address (Number and Street, City, State, Zip Code)  |             |                                 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer  Kelln, Norman  | Director    | General and/or Managing Partner |
| Full Name (Last name first, if individual)  5207 E. Third Avenue, Spokane WA 99212  |             |                                 |
| Business or Residence Address (Number and Street, City, State, Zip Code)  | <del></del> |                                 |

| A. BASIC IDENTIFICATION DATA   | ,                                     |                                    |
|--|---------------------------------------|------------------------------------|
| <del>lika pinggan pangkaping ng pakasan ng pakasin ng pakasan ng pakasan pakasan pingkapin balan pakasan balan pang</del>  |                                       |                                    |
| 2. Enter the information requested for the following:  |                                       |                                    |
| • Each promoter of the issuer, if the issuer has been organized within the past five years;  |                                       |                                    |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of,   |                                       |                                    |
| Each executive officer and director of corporate issuers and of corporate general and managing   | ing partners of pa                    | artnership issuers; and            |
| <ul> <li>Each general and managing partner of partnership issuers.</li> </ul>  |                                       |                                    |
|  | Director                              | General and/or Managing Partner    |
| Snyder, Maryanne Full Name (Last name first, if individual)  |                                       |                                    |
| 5207 E. Third Avenue, Spokane WA 99212   |                                       |                                    |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                                       |                                    |
| business of Residence Address (Address and Street, City, State, Elp Code)  |                                       |                                    |
| Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer  | Director                              | General and/or                     |
|  | ] Director                            | Managing Partner                   |
| Badlands Marketing, LLC Full Name (Last name first, if individual)   |                                       |                                    |
| 5207 E. Third Avenue, Spokane WA 99212   |                                       |                                    |
|  |                                       |                                    |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                                       |                                    |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer  | Director                              | General and/or Managing Partner    |
| Full Name (Last name first, if individual)   |                                       |                                    |
|  |                                       |                                    |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                                       |                                    |
| ( and and and and and and , an |                                       |                                    |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer  | Director                              | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual)   |                                       |                                    |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                                       |                                    |
| ,,,,,,,  |                                       |                                    |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer  | Director                              | General and/or Managing Partner    |
| Full Name (Last name first, if individual)   |                                       |                                    |
|  |                                       |                                    |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                                       |                                    |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer  | Director                              | General and/or<br>Managing Partner |
| Full Name (Last name first, if individual)   |                                       |                                    |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                                       |                                    |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer  | Director                              | General and/or Managing Partner    |
| Full Name (Last name first, if individual)   |                                       |                                    |
| Duringag or Davidance Address (Number and Steed City State 71- C-1-)   | · · · · · · · · · · · · · · · · · · · |                                    |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |                                       |                                    |

|   |  |                      |                |                      | B. 1                 | NFORMAT              | ION ABOU             | T OFFERI                                | NG                   | V. ****                                 |                      |                      |                      |
|---|--|----------------------|----------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|
| 1 Has the issuer sold or does the issuer intend to sell to populate dispersions in this offering? |  |                      |                |                      |                      |                      | Yes                  | No                                      |                      |   |                      |                      |                      |
| 1.  | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |                      |                |                      |                      |                      | ,                    | Ш                                       | Ŕ                    |   |                      |                      |                      |
| 2.  | What is  | the minim            | um investm     |                      |                      | * *                  |                      | _                                       |                      |   |                      | \$_25                | 50,500               |
| 3.  | Does the   | offering             | permit joint   | ownershi             | p of a sing          | le unit?             |                      |   |                      |   |                      | Yes                  | No<br>[X]            |
| 4.  |  |                      |                |                      |                      |                      |                      |   |                      |   |                      |                      |                      |
| Ful   | •  | ast name             | first, if indi | vidual)              |                      | - 17 <del>1</del>    | <del></del>          |   |                      |   |                      | *****                |                      |
| Bus   | N/A  | Residence            | Address (N     | umber and            | I Street. C          | itv. State, 7        | Zip Code)            |   | <del></del>          | <del></del>                             |                      |                      |                      |
|   |  |                      |                | ·                    |                      |                      |                      |   |                      |   |                      |                      |                      |
| Nar   | ne of Ass  | ociated Br           | oker or Dea    | aler                 |                      |                      |                      |   |                      |   |                      |                      |                      |
| Stat  | tes in Wh  | ch Person            | Listed Has     | Solicited            | or Intends           | to Solicit           | Purchasers           |   |                      |   |                      |                      |                      |
|   | (Check '   | 'All States          | " or check     | individual           | States)              | ************         |                      | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ****************     | *************************************** |                      | ☐ AI                 | l States             |
|   | AL<br>IL<br>MT<br>RI<br>N/A  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT       | DE<br>MD<br>NC<br>VA                    | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Ful   | l Name (L  | ast name             | first, if indi | vidual)              |                      |                      | ·                    |   |                      | <del></del>                             |                      |                      |                      |
| Bus   | siness or  | Residence            | Address (N     | Jumber an            | d Street, C          | City, State,         | Zip Code)            |   | <del></del>          |   |                      |                      |                      |
| Nar   | me of Ass  | ociated Br           | oker or Dea    | aler                 |                      |                      |                      |   |                      |   |                      |                      |                      |
| Stat  | tes in Whi   | ch Person            | Listed Has     | Solicited            | or Intends           | to Solicit           | Purchasers           |   |                      |   |                      |                      |                      |
|   | (Check '   | All States           | " or check     | individual           | States)              |                      | ••••                 |   |                      |   |                      |                      | l States             |
|   | AL IL MT RI N/A  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA                    | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY       | MO<br>PA<br>PR       |
| Ful   | l Name (L  | ast name             | first, if indi | vidual)              |                      |                      |                      |   |                      |   |                      | -                    |                      |
| Bus   | siness or  | Residence            | Address (N     | lumber an            | d Street, C          | City, State,         | Zip Code)            |   |                      |   |                      |                      |                      |
| Nar   | ne of Ass  | ociated Br           | oker or Dea    | aler                 |                      |                      |                      |   |                      |   | <del></del>          |                      |                      |
| Stat  | tes in Whi   | ch Person            | Listed Has     | Solicited            | or Intends           | to Solicit           | Purchasers           |   |                      |   |                      |                      |                      |
| (Check "All States" or check individual States)   |  |                      |                |                      |                      |                      |                      | l States                                |                      |   |                      |                      |                      |
|   | AL<br>IL<br>MT<br>RI   | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA                    | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |  |
|----|--|-----------------------------|--|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
|    | Debt   | 6 0                         | s 0  |
|    | Equity   | ·                           | 20\$ 400,000                               |
|    | Common Preferred   |                             |  |
|    | Convertible Securities (including warrants)  | s O                         | s 0  |
|    | Partnership Interests  | •                           | s 0  |
|    | Other (Specify)  |                             | s 0  |
|    | Total  | 3,500,32                    |  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number<br>Investors         | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors   | -                           | ¢ 400,000                                  |
|    | Non-accredited Investors   | ^                           | s 0  |
|    | Total (for filings under Rule 504 only)  | •                           | s 0  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             | <b>5</b>                                   |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |  |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold                      |
|    | Rule 505   |                             | \$   |
|    | Regulation A   |                             | \$   |
|    | Rule 504   |                             | \$   |
|    | Total  |                             | \$   |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
|    | Transfer Agent's Fees  |                             | \$   |
|    | Printing and Engraving Costs   | 🔯                           | \$1,000                                    |
|    | Legal Fees   | 🛚                           | \$15,000                                   |
|    | Accounting Fees  | 🙀                           | \$4,000                                    |
|    | Engineering Fees   |                             | \$   |
|    | Sales Commissions (specify finders' fees separately)   |                             | \$   |
|    | Other Expenses (identify)  |                             | <u>\$275,000</u>                           |
|    | Total  |                             | <u>\$295,000</u>                           |

|            | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P  | ROCEEDS  |                         |
|------------|--|--|-------------------------|
|            | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."   |  | \$ <sup>3,205,320</sup> |
| 5.         | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. |  |                         |
|            |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others   |
|            | Salaries and fees  | _  | <del></del>             |
|            | Purchase of real estate  | \$   | \$                      |
|            | Purchase, rental or leasing and installation of machinery and equipment  | ¢  | <b>□ \$</b>             |
|            | Construction or leasing of plant buildings and facilities  | _  | <del></del>             |
|            | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   |  |                         |
|            | Repayment of indebtedness  |  |                         |
|            | Repayment of indebtedness [ Working capital [  |  | 3,205,32                |
|            | Other (specify):   |  |                         |
|            |  | \$   |                         |
|            | Column Totals  | ¬₁\$   | ns 3,205,32             |
|            | Total Payments Listed (column totals added)  |  | ,205,320                |
|            | D. FEDERAL SIGNATURE   |  |                         |
| sig<br>the | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Function (Print or Type)   | sion, upon writte                                      |                         |
| D          | rigiDeal Corporation   | 2/11/04  |                         |
| Na         | me of Signer (Print or Type)  Title of Signer (Print or Type)  |  |                         |
| D          | onald J. Miller Treasurer  |  |                         |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)